

SENDER: COMPLET



DELIVERY

- Complete items 1, 3, 4 if Restricted
- Print your name and address so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

Agent
 Addressee

B. Received by (Printed Name)

Adele Hall

C. Date of Delivery

10-5-11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

Kenneth L. Lawson
332 Brookhaven St.
Cincinnati, OH 45215

OCT 07 2011

DN 18

2. Article Number

(Transfer from service label)

7011 0110 0001 4140 3471

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540